IA FTHICS AND



	FORM STATEMENT
FOR INSTRUCTIONS, SEE BACK OF FORM, CHECK ONE:	BJUL 2   PM 12 FL   DR-1   OF
This is an Initial* Statement of Organization	Reset Form (Rev. 04/2008) ORGANIZATION
This is an amended Statement of Organization	For Office Use Only
*An initial Statement of Organization must be filed within 10 days of the co	mmittee's accepting contributions, Comm. #
making expenditures or incurring indebtedness exceeding \$750. Amenda	ments must be filed within 30 days of   Indexed
a change Repullies may be imposed for late-filed Statements of Organiza	ation. A candidate with an open   Audited
committee that exceeds \$750 in activity for another office shall file within 1	10 days either a new or amended   Computer
DR-1 disclosing information concerning the campaign for the new office so	
COMMITTEE NAME + + (A candidate's committee must include the	he candidate's last name in the name of the committee.)
IMPORTANT: Indicate type of committee you are reporting for:	
(1) Statewide/Legislative/Judge Standing for Retention Candidate	2 Statewide PAC (3 )State Party (4 )County Central Committee
I s County Condidate ( 6 )City Candidate ( 7 )School Board or Other	r Political Subdivision Candidate (8 )County PAC (9 )City PAC
(10 )School Board or Other Political Subdivision PAC (11 ) Local Ba	allot Issue (including committee involved in multiple city/county ballot issues)
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mandatory except for a candidate's committee)
Name + V ) as / == 20 as ( as a	Name ↓ ↓
SHIVIEL MADISON	
Mailing Address	Mailing Address ↓ ↓
2400 W.Wa 12	On Onto 1 The Code 1
City, Stage 1 Zip Code	City, State ↓ ↓ Zip Code ↓ ↓
WANTEN COM HUSTS	
Dham 515 418-0084	Phone ( )
Phone ( ) 3/3 /60-608/	1
e-Mail MASIDON @ 12 speed. Net	e-Mail
INDICATE PURPOSE OF COMMITTEE - Check One Box	dvocate for/against candidate(s) Advocate for ballot issue(s)
Comment or description:	Advocate against ballot issue(s)
	County/Local Candidates and Local Ballot Committees Enter:
All Candidates Enter MADISON Co Steni SC	- malling
	County: MADISON
Political Party (if applicable)	(If active in multiple ballot issue elections, attach list of counties
District:	Date of Election: Nov 2008
	Date of Election; / VD / COD
Year Standing for Election:	Candidate name & Address or Parent Entity (PACs, if applicable).
Bank Account Name (must match committee name)	Affiliate, or Sponsor
1 1111 - 1 10 - 1 100	
ALLEN for Stenfs	Clayton Allen
ALLEII SC SKHTS  Name of Financial Institution/type of Account	Clayton Allen  Mailing empless 1
Name of Financial Institution/type of Account	Clayton Allen
Name of Financial Institution/type of Account Function Institution Instit	Cla 4+0 A   A   PN   Mailing (Topless) 1 2465 - 255 2 N
Name of Financial Institution/type of Account  Exc. Ango Stoke BANK  Malting Address + 1	Cla 4+0 A   A   PN   Mailing (Topless) 1 2465 - 255 2 N
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ECCLANGE STOKE BANK  Malling Address 1/1  113 5 JOLN Wayne DAY CP	Cla 4+0 A   A   PN   Mailing (Topless) 1 2465 - 255 2 N
Name of Financial Institution/type of Account  ECCANGO STOKE BANK  Malifung Address  113 5 SOLN Wayne Property  City of State 4 Zip 1	Cla 4+0 N' AlleN  Mailing (Topless)  2465-255 LN
ECCLANGE STOK BANK  Malifing Address J. J. J. Soln Wayne Drice	Cla 4+0 1   N/PN  Mailing emotions  2465-255   N  City   State   Zip   5022  Phone 5/5 468 -0279
ECCLANGE STOK BANK  Malifing Address J. J. J. Soln Wayne Drice	Clayfor' NIPN  Mailing Misss $\downarrow$ $2465-255$ $\downarrow$ City $\downarrow$ $\uparrow$ $\uparrow$ $\uparrow$ $\uparrow$ $\uparrow$ $\uparrow$ $\uparrow$
ECCLANGE STOK BANK  Malifing Address J. J. J. Soln Wayne Drice	Cla 4+0 n' NIPN  Mailing emotions  2465-255 IN  City Th State Zip 5022  Phone 5/51 468 -0279
ECCANGO Stoke BANK  Malting Address  113 5 JOLN Wayned Property  City of the State of State o	Cla 4+0 n' NIPN  Mailing emotions  2465-255 IN  City I State I Zip 5022  Phone 5/5 468-0279  e-Mail
ECCANGO NOVE BANK  Malling Address  113 5 SOLN Wayne Drift  City City State Zip + Zi	Cla 4+0 n' NIPN  Mailing (m) fess  2465-255 IN  City State
ECCANGO SOLA WALL OF CHAIN STATEMENT OF AFFIRMATION: By filing this document the committee  1. The committee and all persons connected with the committee understand	Cla 4+0 n' NIPN  Mailing emotions  2465-255 IN  City I State I Zip 5022  Phone 5/5 468-0279  e-Mail
Malling Address  113 5 SOLN Wayne Dr Ce City City State 2 Zip + SOS75  STATEMENT OF AFFIRMATION: By filing this document the committee  1. The committee and all persons connected with the committee understand rules in Chapter 351 of the Iowa Administrative Code.	City State + Zip + So222  Phone 5/55 468 - 0279  e-Mall  affirms the following: that they are subject to the laws in lowa Code chapters 68A and 68B and the administrative
Malling Address  113 5 Solv Wayne Drife City State Zip  StateMENT OF AFFIRMATION: By filing this document the committee  1. The committee and all persons connected with the committee understand rules in Chapter 351 of the lows Administrative Code.  2. That have Code section SSA 402 and rule 351—4.9 require the filing of discounters.	Clay 4 0 1
Malling Address  113  Solv Wasself P  City State Sip  STATEMENT OF AFFIRMATION: By filing this document the committee  1. The committee and all persons connected with the committee understand rules in Chapter 351 of the Iowa Administrative Code.  2. That Iowa Code section 68A 402 and rule 351—4.9 require the filing of dis subjects the candidate or charperson (in the case of committees other than a	Cla 4+0 n' NIPN  Mailing (m) fess  2465-255 IN  City State
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Malling Address  113  Solv War Drife  City  State  State  Zip  State  Zip  Jan  State  Lip  State  Jan  Zip  Jan  State  Jan  Zip  Jan  State  Jan  Zip  Jan  State  Jan  Jan  State  Jan  Jan  State  Jan  Jan  Jan  State  Jan  Jan  Jan  Jan  State  Jan  Jan  Jan  Jan  Jan  Jan  Jan  Ja	City 2465 - 255
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